

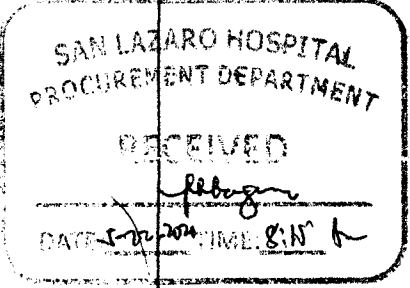
## JOB ORDER

<b>Supplier:</b> BLUE SKY TRADING CO., INC.	<b>J.O. No.:</b> 20-04-004
<b>Address:</b> 416 DASMARIÑAS ST. BINONDO MANILA	<b>Date:</b> 29-Apr-20
Tel. # / Fax # 241-3846 / 241-3621	<b>Mode of Procurement:</b> AMP- DIRECT CONTRACTING
<b>BAC Resolution #</b> AMP-006 s. 2020 BAC NO. 2 DATE: March. 18, 2020	

Note: Please furnish this office the following articles to the terms and conditions contained herein:

Place of Delivery: San Lazaro Hospital - Material Management Department	Delivery Term: Completion (30-60) working days from the receipt of approved J.O.
Date of Delivery: _____	Payment Term: _____

Item #	Unit	Quantity	Description	Labor Cost	Amount
1	unit	1	<b>Equipment Name: Lung Ventilator Machine</b> <b>Brand Name: Hamilton</b> <b>Model/Type: C1</b> <b>Serial Number: 4285</b> <b>Software Version: 2.2.2</b> <b>SCOPE OF WORK:</b> Replacement of HEPA Filter .....Php. 8,400.00 Replacement of HPO Inlet Filter.....12,600.00 Replacement of Dust Filter for HEPA and Fun..... 4,200.00 Replacement of O2 cell.....28,400.00 Installation of the said parts Perform service software calibration using flow analyzer test equipment Perform electrical safety test Functionality testing  <b>TOTAL PARTS COST: Php. 53,600.00</b> <b>Service Charge: 15,000.00</b> <b>TOTAL CHARGES: Php. 68,600.00</b>	68,600.00	68,600.00
2	unit	1	<b>Equipment Name: Lung Ventilator Machine</b> <b>Brand Name: Hamilton</b> <b>Model/Type: C1</b> <b>Serial Number: 4287</b> <b>Software Version; 2.2.3</b> <b>SCOPE OF WORK:</b> Replacement of PM Kits (Hepa Filter, HPO Filter, Airdust Filter)...Php. 25,200.00 Replacement of O2 cell.....28,400.00 Installation of the said parts Perform service software calibration using flow analyzer test equipment Perform electrical safety test Functionality testing  <b>TOTAL PARTS COST: Php. 53,600.00</b> <b>Service Charge: 15,000.00</b> <b>TOTAL CHARGES: Php. 68,600.00</b>	68,600.00	68,600.00



(Total Amount in Words)	<b>One Hundred Thirty Seven Thousand Two Hundred Pesos Only</b>	<b>137,200.00</b>
-------------------------	---	-------------------

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth(1/10) of one percent for every day of delay shall be imposed.

Very truly yours,  
  
**EDMUNDO B. LOPEZ, MD, MPH, MHA**  
 Medical Center Chief II

Conforme: \_\_\_\_\_  
 (Signature over printed name)  
 \_\_\_\_\_  
 (Date)